CONTRACT A

Public Adjuster Name, Address, Phone Numbers

I/WE HAVE READ THE ABOVE AG Signature of Insured (s)	Date		
I/WE HAVE READ THE ABOVE AG			
	REEMENT BEFORE SIGNING		
DELIVERED IN PERSON, BY TELEGRAM OR FOUR OVERNIGHT EXPRESS DELIVERY OR CERTIFOUR MAIL, TO THE ADDRESS OF THE PUBLIC INSTANTION CONTRACT, WITHIN 3 CALENDAR DAYS OF CONTRACT. THIS CONTRACT THEREAFTER WHO SIGNED IT, OR THEIR DESIGNEE, AT AIR ADJUSTER'S ASSERTION OF A FEE LIEN UPON SECURED THROUGH HIS EFFORTS AS TIME YOU CANCEL THIS AGREEMENT YOU WILL FOUR CANCEL THIS AGREEMENT YOU WILL FOR THE INCURRED BY THE PUBLIC AD TO PROTECT THE INTRESTS OF THE INSURE	FIED OR REGISTERED UNITED STATES SURANCE ADJUSTER SPECIFIED IN THIS THE DATE THAT YOU RECEIVE THIS MAY BE REVOKED BY THE INSURED BY TIME, SUBJECTED TO THE PUBLIC ON INSURANCE PROCEEDS OFFERED HE INSURED'S REPRESENTATIVE. IF REMAIN LIABLE FOR REASONABLE AND EXPENSES OR SERVICES WHICH WERE DUSTER DURING SAID 3 DAY PERIOD		
[not to exceed ten (10%) percent] of the amount collected, adjusted, or otherwise received and or issued by the involved Insurance Company (ies), including salvage proceeds, if applicable, regardless to whom said loss is payable. YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATON BY CAUSING A WRITTEN NOTICE OF YOUR CANCELLATION TO BE DELIVERED IN PERSON, BY TELEGRAM OR FACSIMILE TRANSMISSIONS BY			
			Which occurred on or about Date of Loss And agree to pay (Public adjuster), upon settleme
Location of Loss	20		
ot	Type of Loss		
an applicable claims for the loss of damage, caus	Hereby retain (Public Adjuster) to assist in the preparation, presentation and adjustment of all applicable claims for the loss or damage, caused by		
Hereby retain (Public Adjuster) to assist in the r			
The insured (s) Hereby retain (Public Adjuster) to assist in the pall applicable claims for the loss or damage, caus			
Hereby retain (Public Adjuster) to assist in the r			

EACH PARTY SHALL RECEIVE A COPY OF THIS CONTRACT

CONTRACT B

Public Adjuster Name, Address, Phone Numbers

Date:20		
The insured (s)		
Hereby retain (Public Adjuster) to assist in the preparation, presentation and adjustment or all applicable claims for the loss or damage, caused by		
- 1		
at		
Which occurred on or about Date of Loss		
percent of the amount collected, adjusted, or or involved Insurance Company (ies), including sawhom said loss is payable. YOU MAY CANCEL THIS CONTRACT WITHOUS AND CAUSING A WRITTEN NOT DELIVERED IN PERSON, BY TELEGRAM OF OVERNIGHT EXPRESS DELIVERY OR CERT MAIL, TO THE ADDRESS OF THE PUBLIC IN CONTRACT, WITHIN 3 CALENDAR DAYS OF CONTRACT, WITHIN 3 CALENDAR DAYS OF CONTRACT. THIS CONTRACT THEREAFTE WHO SIGNED IT, OR THEIR DESIGNEE, AT ADJUSTER'S ASSERTION OF A FEE LIEN UNDER SECURED THROUGH HIS EFFORTS AS YOU CANCEL THIS AGREEMENT YOU WILLIAM NECESSARY EMERGENCY OUT-OF-POCKE PAID FOR OR INCURRED BY THE PUBLIC ATO PROTECT THE INTRESTS OF THE INSU	DUT ANY PENALTY OR FURTHER FICE OF YOUR CANCELLATION TO BE REACSIMILE TRANSMISSIONS BY FIFIED OR REGISTERED UNITED STATES ISSURANCE ADJUSTER SPECIFIED IN THIS REMAY BE REVOKED BY THE INSURED ANY TIME, SUBJECTED TO THE PUBLIC IPON INSURANCE PROCEEDS OFFERED THE INSURED ANY TIME, SUBJECTED TO THE PUBLIC IPON INSURANCE PROCEEDS OFFERED THE INSURED'S REPRESENTATIVE. IF REMAIN LIABLE FOR REASONABLE AND STEXPENSES OR SERVICES WHICH WERE ADJUSTER DURING SAID 3 DAY PERIOD	
TOTROTEST THE INTRESTS OF THE INCO	NED.	
I/WE HAVE READ THE ABOVE A	AGREEMENT BEFORE SIGNING	
Signature of Insured (s)	Date	
(Public Adju	ister)	
Du.		
By:		

EACH PARTY SHALL RECEIVE A COPY OF THIS CONTRACT